

BEST AVAILABLE COPY

MULTIPLE DEPT FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)				CLAIM		SERIAL NO. 10 / 547197		FILING DATE					
CLAIMS						APPLICANT(S)							
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6							56						
7							57						
8							58						
9		1					59						
10	1	1					60						
11	C	C					61						
12	1						62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17							67						
18							68						
19							69						
20		1					70						
21		1					71						
22	C	C					72						
23	1						73						
24		1					74						
25		1					75						
26							76						
27							77						
28	1						78						
29		1					79						
30							80						
31							81						
32							82						
33							83						
34	1						84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	16						TOTAL DEP.						
TOTAL CLAIMS	20						TOTAL CLAIMS						